

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>6225</u> | 2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u> |
| 3. Name and address of person filing. Name <u>VINCENT CANGELOSI</u> P.O. Box, Bldg., Room No., if any <u>SUITE 300</u> Street <u>14 FRONT STREET</u> City <u>HEMPSTEAD</u> State <u>New York</u> ZIP Code + 4 <u>11550-3602</u> | 4. Name, file number, and address of labor organization. Name <u>HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707</u> Labor Organization File Number <u>033-570</u> P.O. Box, Building and Room Number, if any <u>SUITE 300</u> Street <u>14 FRONT STREET</u> City <u>HEMPSTEAD</u> State <u>New York</u> ZIP Code + 4 <u>11550-3602</u> |
| 5. Position in labor organization. <u>SECRETARY/TREASURER</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Vincent Cangelosi</u> | On <u>8-11-05</u> | 516-560-8503 |
| | Date | Telephone Number |

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| Name of Person Filing VINCENT CANGELOSI | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Road Carriers Local 707 welfare fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Welfare Fund. Vincent Cangelosi is a Trustee on the Welfare Fund.</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$0</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for attendance at one out of town Fund meeting and two Educational Conferences. Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.</p> |
| | <p>12.b. Amount. \$2,937</p> |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing VINCENT CANGELOSI | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund.</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$0</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for attendance at one out of town Fund meeting and two Educational Conferences. Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.</p> |
| | <p>12.b. Amount. \$2,937</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name ING Capital Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 230 Park Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10169</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$15,000</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Dinner meetings hosted by several Investment Managers on or about 4-15-04, 11-30-04.</p> |
| | <p>12.b. Amount. \$70</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Oak Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3875 Embassy Parkway</p> <p>City Akron</p> <p>State Ohio ZIP Code + 4 44333</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$69,000</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting hosted by several Investment Managers on or about 11-30-04.</p> |
| | <p>12.b. Amount. \$30</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Makay Shields</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9 W. 57th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10019</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund. Employer is an Investment Manager not doing any business with the Union or Funds.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting hosted by several Investment Managers on or about 12-1-04.</p> <p>12.b. Amount. \$60</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Oppenheimer Capital</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10105</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$96,000</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Dinner meetings hosted by several Investment Managers on or about 2-23-04, 2-24-04 4-15-04, 11-30-04.</p> |
| | <p>12.b. Amount. \$325</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Rothchild Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1251 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10020</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.</p> <p>11.b. Approximate dollar value of such dealing. \$7,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meetings hosted by several Investment Managers on or about 12-1-04 2-22-04, 2-23-04 and 4-15-04</p> <p>12.b. Amount. \$165</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Boyd Waterson</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1400</p> <p>Street 1801 East 9th Street</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Welfare Fund. Vincent Cangelosi is a Trustee on the Welfare Fund. Employer is an Investment Manager hired by the Welfare Fund. The Welfare fund pays the Investment Manager a fee.</p> <p>11.b. Approximate dollar value of such dealing. \$76,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meetings hosted along with several Investment managers on or about Feb. 22nd & 23rd, 2004 & Nov. 30th 2004. Dec. 2, 2004</p> <p>12.b. Amount. \$165</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing Vincent Cangelosi | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Alliance Bernstein</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10105</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p> | <p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund. Employer is an Investment Manager hired by the Pension Fund. The Pension fund pays the Investment Manager a fee.</p> <p>11.b. Approximate dollar value of such dealing. \$72,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting hosted by several Investment Managers on 11-30-04.</p> <p>12.b. Amount. \$30</p> |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |